

EXHIBIT J

ACORD CERTIFICATE OF LIABILITY INSURANCE

INSURED
A.BRS PLANNING & BROKERAGE INC
8802 Flatlands Avenue
Brooklyn, NY 11236

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A	ATLANTIC CASUALTY INSURANCE COMPANY
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERS

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
1	GENERAL LIABILITY				
	X COMMERCIAL GENERAL LIABILITY				
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	GL060562	05/14/05	05/14/06	
	GENERAL AGGREGATE (NOT APPLIED PER POLICY)				
	FAIR USE				
	LOC				
	AUTOMOBILE LIABILITY				
	ANY AUTO				
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				
	THIRD AUTOS				
	UNKNOWN AUTOS				
	GENERAL LIABILITY				
	ANY AUTO				
	EXCESS LIABILITY				
	OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/>				
	DEDUCTIONS				
	RETENTION				
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITING NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. IT IS AGREED'S
REPRESENTATIVES
AUTHORIZED REPRESENTATIVE

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Case 107-cv-04098-DC Document 11-11 Filed 08/01/2008 Page 1 of 1

DATE
2/26/0200

PRODUCER
A. B. M. Brokerage Corp.
9122 Flatlands Avenue
Brooklyn, New York 11236
(718) 272-6788

2/26/0300
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ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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MARIE GRASSO DRA. INC. DESIGNS
85 MEAD LOOP
STATEN ISLAND, NY 10309

COMPANY NORTH SEA INS CO
A

CONTRACT State Insurance Fund

COMPANY

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COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

THIS POLICY IS SUBJECT TO ALL THE TERMS AND CONDITIONS HEREIN AND IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE POLICY FORMS ISSUED BY THE INSURER.					
TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PRE-SESS. OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER. <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY		CLP3148251	12/5/2003	12/5/2004	BODILY INJURY OCC 3 BODILY INJURY AGG 5 PROPERTY DAMAGE OCC 5 PROPERTY DAMAGE AGG 5 BIA & PD COMBINED OCC 1,000,000 BIA & PD COMBINED AGG 2,000,000 PERSONAL INJURY AGG 3
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS (INCL IN PDS) <input type="checkbox"/> ALL OWNED AUTOS (EXCL IN PDS) <input type="checkbox"/> OWNED AUTOS (Covered in Driver/Passenger) <input type="checkbox"/> RED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY					BODILY INJURY (Per person) 5 BODILY INJURY (Per accident) 5 PROPERTY DAMAGE 5
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					BODILY INJURY & PROPERTY DAMAGE COMBINED 5 EACH OCCURRENCE 5 AGGREGATE 5
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL <input type="checkbox"/> OTHER		V13C93109	12/7/2003	12/7/2004	WC STATUS: OTHER TOTAL LIMITS: 500 EACH ACCIDENT: 5 EL/DISEASE - PD POLICY LIMIT 1 EL/DISEASE - EA EMPLOYEE 1

RECOGNITION OF OPERATIONS BY LOCATIONS OF EQUIPMENT & PROFESSIONAL ITEMS
1971 WENT 10TH ST BROOKLYN NY
ADDIT INSURED

CERTIFICATE HOLDER

FOURTH EIGHT CONSTRUCTION
2240 MCCONALD AVE
BROOKLYN NY 11223

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILING TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

